497 Contribution Report

Type or print in ink.
Amounts may be rounded to whole dollars.

	2.0

NAME OF FILER	THE RESERVE THE PARTY OF THE PA				497 0	CONTRIBUTION REPORT
	o for Superior Court		Date of	25 (22 (22)	Date Stamp CALIF	ORNIA 497
AREA CODE/PHONE N		I.D. NUMBER (if applicable)	This Filing	05/29/2008 R	CEIVED AND EU	RM 431
949-525-6190		1304860	Report No	2 in th	CEIVED AND FILE FOR State of the State of California	r Official Use Only
STREET ADDRESS		1304000			- the State of California	
			☐ Amendment to Report No.		MAY 2 9 2008	
CITY		STATE ZIP CODE	(explain below)		i i	
200 20 A S S S S S S S S S S S S S S S S S S			No. of Pages		DEBRA BOWEN R	
1. Contributio	on(s) Received		- 1		TOTAL OF SEASON	
DATE RECEIVED	FULL NAM	E, STREET ADDRESS AND ZIP CODE OF CONTR (IF COMMITTEE, ALSO ENTER LD. NUMBER)	IBUTOR	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED
05/29/2008	Association of Or	ange County Deputy Sheriffs PAC (#	782021)	☐ IND 図 COM ☐ OTH	-	2,000.00
				☐ PTY ☐ SCC		Provide interest rate
05/29/2008	Prop 34 PAC Unite	d Employee Organization of Orange	County (#1261429)	☐ IND ☑ COM ☐ OTH		2,500.00
a dela construcción de la constr		3-7 / Section 44 - Francis		☐ PTY ☐ SCC		Check if Loan ** Provide interest rate
				☐ IND ☐ COM ☐ OTH ☐ PTY ☐ SCC		☐ Check if Loan
		The second section is a second section of the second section of the second section is a second section of the section of				Provide interest rate
Reason for Amend	dment:				*Contributor Codes IND Individual COM Recipient Committee (of OTH Other (e.g., business er PTY Political Party	ntity)

FPPC Form 497 (November/07) FPPC Toll-Free Helptine: 866/ASK-FPPC (866/275-3772)

Type or print in lnk.
Amounts may be rounded to whole dollars.

	•	~	d arms	
Λ	1	5	0	
\sim \backslash	1	0	()	
	1		_	

NAME OF FILER		4040				LATE CONTI	RIBUTION REPOR
	RUBINSON FOR JUD	GE	Date of This Filing _	05/29/2008n th	e office of the Secretary of S of the State of California	LALIFOR	NIA 407
AREA CODE/PHONE N (213) 489-4792	UMBER	I.D. NUMBER (f applicable) 1304462	Report No	LCR-80528	MAY 2 9 2008		icial Use Only
STREET ADDRESS			☐ Amendme to Report No		DEBRA BOWEN Secretary of State		
CITY	OTALL ZIP CODE		(explain below) No. of Pages		1/2	R	
Late Contribu	ition(s) Received						
DATE RECEIVED	FULL NA	ME, MAILING ADDRESS AND ZIP CODE OF CON (IF COMMITTEE, ALBO ENTER LD. NUMBER)	TRIBUTOR	CONTRIBUTOR CODE *	IF AN INDIVIDUAL ENTER OCCUPATION AND EM (IF SELF-EMPLOYED, ENTER NAME OF BL	PLOYER JSINESS)	AMOUNT RECEIVED
05/28/2008	Marlene losefsberg	Ref: □		IND □ COM □ OTH □ PTY □ SCC	Homemaker None		1000.00
l	ID:			☐ IND☐ COM☐ OTH☐ PTY☐ SCC			
ı	ID:			□ IND □ COM □ OTH □ PTY □ SCC			
*Contributor Codes IND - Individual COM - Recipient C OTH - Other	ommittee (other than PTY	PTY - Political Party or SCC) SCC - Small Contributor Commit	tee				

Type or print in ink.
Amounts may be rounded to whole dollars.

LATE CONTRIBUT	ION REPORT
CALIFORNIA	497

NAME OF FILER FRIENDS OF TOM RUBINSON FO	OR JUDGE	Date of This Filingi	the office of the Secretary of the State of California	CALIFORNIA	497
AREA CODE/PHONE NUMBER STREET ADDRESS	I.D. NUMBER (If applicable) 1304462	Report No.	MAY 2 9 2008	For Official Use	
CITY	STATE ZIP CODE	(explain below) No. of Pages	Secretary of State		

Late Contribution(s) Made

DATE MADE	FULL NAME, MAILING ADDRESS AND ZIP CODE OF RECIPIENT (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CANDIDATE AND OFFICE OR MEASURE AND JURISDICTION	AMOUNT OF CONTRIBUTION	DATE OF ELECTION (IF APPLICABLE)
1				
	ID:	Ballot: Dist:		
1				
	ID:	Ballot: Dist:		
1				
	ID:	Ballot: Dist:		
ĺ				
	ID:	Ballot: Dist:		

001/002	NAME OF FILER	bution Report	Amount	Type or print in ir ts may be rounded to	nk. whole dollars.	SC 107	- 2_	S
100 E	Cadiz, Inc. AREA CODE/PHONE 2132711600 STREET ADDRESS	NUMBER	I.D. NUMBER (if applicable)	Date of This Filling . Report No.		Date Stamp CEIVED AND FILE office of the Secretary of St of the State of California MAY 2 9 2008	J. G. W. J.	NTRIBUTION REPOR
18:13	Late Contrib	ution(s) Received	STATE ZIP CODE	to Report No (explain below) No. of Pages	0	DEBRA BOWEN	R	
2008	DATE RECEIVED	FULL NAN	ME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER LD. NUMBER)		CONTRIBUTOR ENTER OCCUPATION (IF SELF-EMPLOYED, ENTER N		DUAL AND EMPLOYER AMOUNT HAME OF BUSINESS) RECEIVED	
May 29	1	ID:			IND COM OTH PTY SCC			NEGELVED
KAUFMAN		ID:			IND COM OTH PTY SCC			
6575	1	ID:			IND COM OTH PTY SCC			

*Contributor Codes IND - Individual COM - Recipient Committee (other than PTY or SCC) OTH - Other	PTY - Political Party SCC - Small Contributor Committee

Reason for Amendment:

Reason for Amendment:

NAME OF FILER	Amounts	Type or print in ink, may be rounded to whole do	ollars.	A Property of the second	20f2
Cadiz, Inc.		Date of	in the office	VFD AND FILES of the Secretary of	TE CONTRIBUTION R
REA CODE/PHONE	NUMBER (Fapplicable)	This Filing	of th	e State of California	5年19年14年
	THOMBER (Fapplicable)	Report No.		MAY 2 9 2008	For Official Use Onl
TREET ADDRESS			_		roi Official Use Oni
		☐ Amendment	DEE	RA BOWEN	
CITY	STATE ZIP CODE	to Report No		etary of State	
		No. of Pages			
_ate Contri	bution(s) Made			2/2	
	The state of the s		100 - 100 -		
DATE MADE	FULL NAME, MAILING ADDRESS AND ZIP CODE OF RECIPIENT	CANDIDATE A	ND OFFICE		
	(ALSO ENTER I.D. NUMBER)	MEASURE AND		AMOUNT OF	DATE OF ELECTION
05/28/2008	Hansberger for Supervisor			CONTRIBUTION	(IF APPLICABLE)
1		Dennis Hansberger Board of Supervisors	S	5000.00	06/03/2008
1					
	ID: 951669	County	Ballot:		
		San Bernardino	Dist: 03		
1					
ĺ	ID:		Ballot:		
			Dist:		
			Dist:		
	ID:		Ballot:		
			Dist:		
	ID:		D="	ļ	
1		1	Ballot:	i	

Dist:

497 Contribution Re	port
---------------------	------

Type or print in ink.

Amounta may be rounded to whole dollars.

491 Continuador Report		Amburtal may be rounded to whole dollars. 497 CONTRIBUTION REI	PORT
NAME OF FILER Thomas V. Girardi		Date of This Filling os/19/19/19 of the State of California FORM 4.9	7
AREA CODE/PHONE NUMBER (213) 977-0211	I.D. NUMBER (# applicable) 496126	Report No. 393 MAY 2 9 2008 For Official Use Only	
STREET ADDRESS	8	Amendment DEBRA BOWEN to Report No. Secretary of State	
CITY	STATE ZIP CO	No. of Pages 1	37

2. Contribution(s) Made

DATE	FULL NAME, STREET ADDRESS AND ZIP CODE OF RECIPIENT OF COMMITTEE, ALSO ENTER! D. NUMBER)	CANDIDATE AND OFFICE OR MEASURE AND JURISDICTION	AMOUNT OF CONTRIBUTION	DATE OF ELECTION (IF APPLICABLE) 06/03/2008	
5/28/2008	Bob Blumenfield for Assembly (#1294888)	Robert Blumenfield State Assembly Person Assembly District : 40	3,600.00		
5/28/2008	Priends of Lloyd Levine (#1278106)	Lloyd Levine State Senator Senate District : 23	3,600.00	06/03/2008	
2		9			
				ii .	
59		77			

Reason for Amendment:	

FPPC Form 497 (November/07) FPPC Toil-Free Helpline: 866/ASK-FPPC (866/275-3772)

A ==	0 11 11	D	
97	Contribution	Report	An

Type or print in ink.
mounts may be rounded to whole dollars.

				497 CONTRIBU	TIONREPORT
AME OF FILER Erika Girardi		Date of This Filing 05/29/2008	APRILLED ARIES -IL B	CALIFORNIA FORM	497
REA CODE/PHONE NUMBER (213) 977-0311	I.D. NUMBER (of apposable) 1267617	1 11 -	office of the Secretary of S of the State of California	THE RESIDENCE TO A STATE OF THE PARTY OF THE	Ise Only
TREET ADDRESS		Amendment to Report No.	MAY 2 9 2008		9
CITY	STATE ZIP CODE	(explain below) No. of Pages 1	DEBRA BOWEN secretary of State	R	the

2. Contribution(s) Made

DATE	FULL NAME, STREET ADDRESS AND ZIP CODE OF RECIPIENT (IF COMMITTEE, ALSO ENTER ID, NUMBER)	CANDIDATE AND OFFICE OR MEASURE AND JURISDICTION	AMOUNT OF CONTRIBUTION	DATE OF ELECTION (IF APPLICABLE)	
05/28/2008	Bob Blumenfield for Assembly (#1294888)	Robert Slumenfield State Assembly Person Assembly District : 40	3,600.00	06/03/2008	
05/28/2008	Priends of Lloyd Levine (#1278106)	Lloyd Levine State Senator Senate District : 23	3,600.00	06/03/2008	
		10 N			
2			=	10 N	

Reason for Amendment' __

FPPC Form 497 (November/07) FPPC Toll-Free Helpline: 866/ASK-FPPC (866/275-3772)

	- 1	1)
	N	IV	
- 1	X		
A 1			

497 Contribution Report

Mike Bartlett for Judge

AREA CODE/PHONE NUMBER

NAME OF FILER

949-370-0740

STREET ADDRESS

CITY

Type or print in ink. Amounts may be rounded to whole dollars.

This Filing ___

☐ Amendment to Report No.

No. of Pages _

Report No.

(explain below)

Date of

			00
lars.			
		497 CONTRIBU	TION REPORT
RECE	Date Stamp EIVED AND FILED Ice of the Secretary of State	CALIFORNIA FORM	497
of	ce of the Secretary of Stat the State of California	For Official Us	se Only
	MAY 2 9 2008		

K

1. Contribution(s) Received

DATE RECEIVED	FULL NAME, STREET ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NIMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER	AMOUNT
05/29/2008	Maureen Callahan		(IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	RECEIVED
		X IND □ COM	Attorney	1,000.00
	OTH PTY SCC	Borchard & Callahan	☐ Check if Loan	
-				Provide Interest rate
		☐ IND☐ COM☐ OTH☐ PTY☐ SCC		☐ Check if Loan
				Provide interest rate
		☐ IND☐ COM☐ OTH☐ PTY☐ SCC		☐ Check if Loan

Reason for Amendment: _

I.D. NUMBER (if applicable)

1303459

STATE

ZIP CODE

*Contributor Codes

DEBRA BOWEN

Secretary of State

05/29/RECEIVED AND FIL

IND - Individual

COM - Recipient Committee (other than PTY or SCC)

OTH - Other (e.g., business entity)

PTY - Political Party

SCC - Small Contributor Committee

MISC

497 Contribution Report

Type or print in lnk. Amounts may be rounded to whole dollars.

						-27 001	TRIBOTION NO.
NAME OF FILER	Elect Mark Hood Jud	dae	Date of This Filing	5/29/08 CE	VED AND FILED	CALIFOR	
AREA CODE/PHONE NUM		I.D. NUMBER IT explication	I I I I I I I I I I I I I I I I I I I	in the office	of the Secretary of State e State of California	FOR	fficial Use Only
831-869-1837 1304980		Report No			70.0		
STREET ADDRESS CITY STATE ZIP CODE		Amendment to Report No.	rt .	MAY 2 9 2008 BRA BOWEN		58	
		(explain below) No. of Pages	4 600	etary of State	R		
1. Contribution	n(s) Received		-				
DATE RECEIVED	FULL NAMI	E, STREET ADDRESS AND ZIP CODE OF CONTR (F COMMITTEE, MAIO BYTER LD. NUMBER)	BUTOR	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMI IF SELF-EMPLOYED, ENTER NAME OF		AMOUNT RECEIVED
5/28/08	Mark Hood		×	IND COM OTH PTY scc	Deputy District Attorney County of Santa Clara		10,000.00 ET Check if Loan -0- Trovide interest rate
		*		OTH SCC			Check if Loan
		e		IND COM OTH PTY SCC			Check if Loan Check if Loan Frovide Interest rate
Reason for Amend	Iment:				"Contributor Codes IND – Individual COM – Recipiem Co OTH – Other (e.g., I PTY – Political Party SCC – Small Contrib	ousiness en	ity)

8	F
2008	LL
29	ASSUCTATI
May ay	œ
	THI IDIVEE
	92
	04 000 000
	ć

Late Contribution Report	Type or print in ink. Amounts may be rounded to whole dollar:
A STANDARD CONTROL CON	Amounts may be rounded to whole dollar

					LATE CONTRIBUT	ION REPORT
NAME OF FILER Chemtura Corporation		Date of This Filing 05/2	8/2008 _R F	Data Stamp		497
AREA CODE/PHONE NUMBER 765-497-6319	i.D. NUMBER (if applicable) 1306232		in the	e office of the Secretary of of the State of California		
STREET ADDRESS		Amendment to Report No.		MAY 2 9 2008		
CITY	STATE ZIP CODE	(explain below) No. of Pages	400000	DEBRA BOWEN Secretary of State		
Late Contribution(s) Mad	le					100

DATE MADE	FULL NAME, STREET ADDRESS AND ZIP CODE OF RECIPIENT (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CANDIDATE AND OFFICE OR MEASURE AND JURISDICTION	AMOUNT OF CONTRIBUTION	DATE OF ELECTION (IF APPLICABLE)
05/28/2008	Jim Sanders For Supervisor District 2	Jim Sanders Supervisor Merced County District: 2	1000.00	

Reason for Amendment: _

FPPC Form 497 (January/05) FPPC Toll-Free Helpline: 866/ASK-FPPC (866/275-3772)

497 Contribution Report

Type or print in ink.
Amounts may be rounded to whole dollars.

19410	1
ı Λ	160
M	
<i>j</i> 1	

497	CON	TRIRI	ITION	DED	רסר

name of filer	8-377 TO 1-10 (1-40) (8/0-500)		77.			497 CON	TRIBUTION REPOR
	r Superior Court Judge		Date of This Filing	5/29/08 FC	Date Stamp	CALIFOR	
AREA CODE/PHONE N	IUMBER	I.D. NUMBER (if applicable)	_	in the of	ice of the Secretary of Sta the State of California	FORM	1 731
213-489-4792		1303855	Report No	1 of	the State of California	For Of	ficial Use Only
STREET ADDRESS			Amendment to Report No.		MAY 2 9 2008		
CITY		STATE ZIP CODE	(explain below) No. of Pages	DI	EBRA BOWEN cretary of State	R	
1. Contributio	on(s) Received						
DATE RECEIVED	FULL NAME	E, STREET ADDRESS AND ZIP CODE OF CONTRIG (IF COMMITTEE, ALSO ENTER LD. NUMBER)	BUTOR	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMP (IF SELF-EMPLOYED, ENTER NAME OF I	PLOYER	AMOUNT RECEIVED
5/28/08	Robert Faigin			IND COM OTH PTY SCC	Sheriff's Chief Attorney Sheriffs Dept		2,500,00 XI Check if Loan
A				☐ IND ☐ COM ☐ OTH ☐ PTY ☐ SCC	17		Provide Interest rate Check if Loan Provide Interest rate
				☐ IND ☐ COM ☐ OTH ☐ PTY ☐ SCC			Check if Loan
Reason for Amend	ment:				*Contributor Codes IND – Individual COM – Recipient Com OTH – Other (e.g., bu PTY – Political Party	mittee (other siness entity)	han PTY or SCC)

FPPC Form 497 (November/07) FPPC Toll-Free Helpline: 866/ASK-FPPC (866/275-3772)

A A	1	-
M	5	1
(1	-

ĺ	/
/	2

	<

Date Stamp FPPC Toll-Free Helpline: 866/ASK-FPPC

Late Contri	bution Report	Amount	Type or print in in s may be rounded to	ik.	. 2		5
NAME OF FILER			y so rounded to			LATE CO	NTRIBUTION REPOI
	Elect Judge Raiph W D	au	Date of This Filing	05/28/2008	CEIVED Stamp FILE the office of the Secretary of S of the State of California	(c/Altije(JENIA W PAY
AREA CODE/PHONE	NUMBER	I.D. NUMBER (if applicable)	This Filling _	lin-	the office of the Secretary of S of the State of California	(dit)	
(818) 260-0669		1304586	Report No	003		For	Official Use Only
STREET ADDRESS			☐ Amendme	amé	MAY 2 9 2008		
CITY			to Report No	o	DEBRA BOWEN		
5171		STATE ZIP CODE	(explain below)		Secretary of State		
1 040 0 1 1			No. of Pages	3_2	1/2		
Late Contribi	ution(s) Received				,		
DATE RECEIVED	FULL NAM	/IE, MAILING ADDRESS AND ZIP CODE OF CONT (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	FRIBUTOR	CONTRIBUTOR	IF AN INDIVIDUAL ENTER OCCUPATION AND EM	PLOYER	AMOUNT
05/28/2008	Patrick Lynch				(IF SELF-EMPLOYED, ENTER NAME OF BI	USINESS)	RECEIVED
1				☐ COM	Teacher		1000.00
.•				□ отн	Patrick Lynch		
	ID:			D PTY			
05/28/2008	Lawrence Sheehan			X IND	Retired		1000.00
1				COM-			1000.00
	וט:			☐ PTY	NIA ·		
				SCC			
	2.2			☐ IND		1	
	-			Отн			
	ID:	7 7		□ PTY □ SCC		1	
*Contribute C. I					18		
*Contributor Codes IND - Individual							
COM - Recipient Co	ommittee (other than PTY or	PTY - Political Party SCC) SCC - Small Contributor Committee	_				
OTH - Other		, so small contributor contribute	e				
eason for Amendme	ent:						

Type or print in ink.
Amounts may be rounded to whole dollars.

Committee To Re-Elect Judge Rai	ph W Dau	Date of This Filing	FECEIVED AND FI GALFORNIA (CONTRIBUTION REPORT IN the office of the Secretary of the State of California (CONTRIBUTION REPORT IN THE CONTRIBUTION REPORT IN
	I.D. NUMBER (if applicable) 1304586		
STREET ADDRESS	1 1004300	Report No.	MAY 2 9 2008 For Official Use Only
CITY	STATE ZIP CODE	to Report No	DEBRA BOWEN Secretary of State
Late Contribution(s) M	ade	No. of Pages	2/2

DATE MADE	FULL NAME, MAILING ADDRESS AND ZIP CODE OF RECIPIENT (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CANDIDATE AND OFFICE OR MEASURE AND JURISDICTION		T
	Nomber()	MEASURE AND JURISDICTION	AMOUNT OF CONTRIBUTION	DATE OF ELECTION (IF APPLICABLE)
1	Ø.			
	ID:	Ballot:		
		Dist:		
1				
ı	ID:			
		Ballot:	1	
		Dist:		
. 1				
	ID:	Ballot:		
		Dist:		
1				
	ID:	Ballot:		
son for Amendme	nt:	Dist:		

Late	Contribution Rep
NAME O	FFILER ge County Victory Fund
AREA CO	DDE/PHONE NUMBER

(818) 260-0669

STREET ADDRESS

CITY

Type or print in ink. Amounts may be rounded to whole dollars.

		LATE CONTRIBUTION REPORT
I.D. NUMBER (If applicable) 1267763	Date of This Filing 05/28/2008 CEIVED AND FI of the Secretary of the State of California	of Sta
STATE ZIP CODE	Amendment to Report No. (explain below) No. of Pages 1 Secretary of Sta	

Late Contribution(s) Made

DATE MADE	FULL NAME, STREET AODRESS AND ZIP CODE OF RECIPIENT (IF COMMITTEE, ALSO ENTER LO. NUMBER)	CANDIDATE AND OFFICE OR MEASURE AND JURISDICTION	AMOUNT OF CONTRIBUTION	DATE OF ELECTION (IF APPLICABLE)
05/28/2008	Yes On Measure H Irvine	Yes on Measure H Irvine H City of Irvine	6500.00	
	1		4. 8.00	
†≥				
79				
(4				
18			*	
•				
		923		

Reason for Amendment:

FPPC Toll-Free Helpline: 866/ASK-FPPC (866/275-3772)

Late Contribution(s) Received

Frank Butkiewicz

AREA CODE/PHONE NUMBER

(661) 861-9788 STREET ADDRESS

DATE RECEIVED

"Contributor Codes

COM - Recipient Committee (other than PTY or SCC)

OTH - Other (e.g., business entity)

tND-Individual

5/29/08

NAME OF FILER

CITY

on Report Amounts	Type or print in ink. may be rounded to wh	ofe dollars.	. LA	TE CONTRIBUTION REPORT
1.0. NUMBER (7 applicable) 1.3.0.4.4.3.0 STATE ZIP CODE	Report No Amendment to Report No. (explain below) No. of Pages	in th	CEIVED AND FIL office of the Secretary of of the State of California MAY 2 9 2008 DEBRA BOWEN Secretary of State	FOR ORDER USE ONLY
n(s) Received	9		•	
FULL NAME, STREET ADDRESS AND ZIP CODE OF CONTI	RUBUTOR	CONTRIBUTOR	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLO OF SELF-EMPLOYED, ENTER NAME OF BUSI	
Service Employees International Local 521 Candidate PAC ID#1297	Union 708	LIND COM OTH PTY SCC		\$1,000.00
		IND COM	-	☐ Check If Loan
		IND COM OTH PTY SCC		☐ Check if Loan
PTY - Political Party Africe (other than PTY or SCC) SCC - Small Contributor Com Incess cruity)	nrathes			(4)
rd:			-	2 2

Reason for Amendment: _

FPPC Forms 497 (January/05) FPPC Toll-Free Helpline: 868/ASK-FPPC (866/275-3772) 10:5

2007

FPPC Form 497 (Jan/03) FPPC Toll-Free Helpline: 866/ASK-FPPC 866/275-3772

9:39

	a	٥
	4	
1		Ī
	7	
	٠-	٥
	U	7
	Ξ	١
-	=	í
	2	2
	Ç	
-	1212121	
	-	3
	П	3
	Suar	•
7	1	1
1	•	•
•	2	
1		7
7	_	٠
C		
4	V	۲
	T	
	٠.	
٩	\ \ \ X	
C	_	
٠	-	
:		
۰		-
E	-	-
`	-	
e	Y	2
7	^	=
۹	-	-
(
C	-	
-		
	×	

497 Contribution Repor	497	bibution Report
------------------------	-----	-----------------

Type or print in ink.

		Amounts ma	y be rounded to whole dollars.		497 CONTRIBUTION REPOR
AME OF FILER		er Albania a Santana a taman a	Date of Exploration	ED AND FILE	ALIEGRAMA -
	r, Denton L. Syar, Gree		This Filingin the effice of	the Secretary of Sta	FORM 497
REA CODE/PHONE	NUMBER	1.D. NUMBER (# applicable)	Panert No. 2 of the S	f the Secretary of Sta State of California	For Official Use Only
707-252-8711			Report No.		, or omitted obe only
STREET ADDRESS			Amendment	Y 2 9 2008	
CITY		STATE ZIP CODE	to Report No. DEBI No. of Pages 1 Secre	RA BOWEN tary of State	R
2. Contributi	ion(s) Made				`
DATE MADE	FULL NAME, STRE	EET ADDRESS AND ZIP COOE OF RECIPIENT OMMITTEE, ALSO ENTERILO, AUMBER)	CANDIDATE AND OFFICE OR MEASURE AND JURISDICTION	AMOUNT OF CONTRIBUTION	DATE OF ELECTION (IF APPLICABLE)
5/28/08	Citizens & Business c/o Nielsen & Merks	for a Sound Environment & Economy amer		\$5,000	
	L				1
Reason for Amend	dment:				C F

FPPC Form 497 (November/07) FPPC Toll-Free Helpline: 866/ASK-FPPC (866/275-3772)

497 Contribution R	eport
--------------------	-------

Type or print in ink.

Amounts may be rounded to whole dollars.

N.			49	CONTRIBUTION REPORT
LAW OFFICER LAW OFFICES OF AREA CODE/PHONEN (562) 983-8090 STREET ADDRESS	125 2777	Amendment to Report No. DEBRA	AND FILE CAL Be Secretary of St	FORNIA 497 For Official Use Only
2. Contribution	on(s) Made			
DATE MADE	FULL NAME, STREET ADDRESS AND ZIP CODE OF RECIPIENT (F COMMITTEE, ALSO ENTER LD. HUMBER)	CANDIDATE AND OFFICE OR MEASURE AND JURISDICTION	AMOUNT OF CONTRIBUTION	DATE OF ELECTION (IF APPLICABLE)
05/29/2008	Priends of Bill Monning (#1297946)	Bill Monning State Assembly Person Assembly District : 27	2,000.00	06/03/2008
05/29/2008	Friends of Richard Holober (#1267510)	Richard Holober State Assembly Person Assembly District : 19	2,000.00	06/03/2008
05/29/2008	Marty Block for State Assembly (#1294013)	State Assembly Person Assembly District : 78	3,600.00	06/03/2008
© 10				*

Reason for Amendment:

FPPC Form 497 (November/07)
FPPC Toll-Free Helpline: 866/ASK-FPPC (868/275-3772)